PROVINCIAL

Senior Citizens Advisory Council

PROMOTING HEALTHY AGING: DIRECTIONS FOR THE FUTURE

Provincial Senior Citizens Advisory Council

1989 Report to the
Honourable Roy Brassard,
Associate Minister
Alberta Family and Social Services

90-05191/

Alberta
PROVINCIAL SENIOR CITIZENS
ADVISORY COUNCIL

Main Floor, Centre West, 10035 - 108 Street, Edmonton, Alberta, Canada T5J 3E1 403/427-6437

December 31, 1989

The Honourable Roy Brassard
Associate Minister
Family and Social Services
107 Legislature Building
Edmonton, Alberta
T5K 2B6

Dear Mr. Brassard:

I am pleased to present the 1989 Annual Report of the Provincial Senior Citizens Advisory Council.

The report, entitled "Promoting Healthy Aging: Directions for the Future," provides Council recommendations relating to present and future generations of seniors.

Yours very sincerely,

Thos. N. Musgrove
M.L.A., Bow Valley Constituency
Chairman, Provincial Senior Citizens
Advisory Council

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EXECUTIVE SUMMARY

The theme of the 1989 Senior Citizens Advisory Council report is "promoting healthy aging." The report contains 18 recommendations designed to establish the framework for a more coordinated and comprehensive development of provincial government policy and programs for seniors.

The first two Council recommendations deal specifically with the need for greater coordination and development at the provincial government level. The first recommends passage of the proposed Senior Citizens Advisory Council Act during the next session of the Legislative Assembly of Alberta. The Council believes that a secure legislative base is necessary in order for it to operate effectively on behalf of older Albertans. The second recommendation requests that all cabinet ministers responsible for programs relevant to older people coordinate their efforts based on the recommendations contained in this report. The Council's remaining recommendations deal with a variety of topics. The Council recommends the following:

- implementation of a single point of entry for all long term (continuing) care services based on health unit boundaries, with community-based or case coordinators responsible for all assessments and reassessments;

- integration of mental health services for the elderly with other services for the elderly;

- inclusion of education about aging in school curricula, mandatory education about aging for health professionals and increased educational opportunities for retired persons;

- consideration of expansion of the Widows' Pension program, improvement of the Canada Pension Plan, increased coverage by private pension plans and an examination of retirement policies;

- an examination of ways to provide a secure funding base for larger senior citizens centres;

- consideration of the development of housing for middle-income seniors able to pay in whole or in part for such housing, inclusion of support services in some seniors' housing and zoning exemptions for accessory apartment additions to seniors' homes;

- evaluation of three pilot projects on seniors' wellness (conducted by the South Peace and Chinook Health Units and the Edmonton Board of Health) prior to their expansion to other areas; and an emphasis on disease prevention and self care in the education of physicians;

- promotion of recreation, sport and fitness programs for seniors through municipal recreation departments and non-government agencies;

- monitoring of municipal transportation funding and increased advertising of the availability of this funding;

- expansion of, and increased funding for, the coordinated home care program, with an increase in non-medical services such as counselling, homemaker and chore services and personal care assistance;

- the adaptation of the patient classification system for use in the home care program;

- in order to determine the comparison of costs between community care and institutional care and to assist families, a pilot project in the provision of financial assistance to enable people to purchase care services, and the development of secure provincial funding for adult day support programs and day hospitals, both of which provide respite care and assistance to family caregivers;

- the development of policies for the Coordinated Home Care Program to ensure consistency in services throughout the province;

- continued support for specialized geriatric assessment and rehabilitation services;

- the development of a certificate program in clinical geriatrics in southern Alberta;

- the provision of resources to continuing (long-term) care facilities to enable them to develop rehabilitation and discharge services.

Accurate information is essential if older people and their families are to make appropriate decisions. The Council supports the provision of local information services funded by the Family and Community Support Services (FCSS) Program, a joint effort of Alberta Health and municipalities. A centralized province-wide information service is also essential, particularly for rural seniors, and this is offered by the Council's administrative arm through a long distance toll free line. The Alberta Seniors Information Line can be reached by calling (1-800-642-3853).

The Council believes these recommendations are a challenge, not only to the government of Alberta, but to all of Alberta society. The government should take the leadership in moving our approach to the aging population away from "care" to one that supports and helps people to stay healthy and help themselves. With this approach, the growing numbers of seniors will continue to be involved, productive and an asset to all Alberta society.

The second section of the report reviews the many activities of the Council and its administrative arm, the Senior Citizens Secretariat. This includes: a report of the many consultations held with Council by government and other agencies; contacts made by the chairman and Council members; the annual Senior Citizens Week; a seminar on research and a summary of grants recommended totalling $267,462 (1989/90 fiscal year); the two community forums on Women and Aging and a survey of community educational activities relating to aging as well as offerings in post-secondary educational institutions. Publications and general responses to the Alberta Seniors Information Line are also outlined.

A summary of issues raised at the community forums on Women and Aging, comments submitted to the Department of Health on two discussion papers and the Council's brief on the Alberta Family Life and Drug Abuse Foundation are included as appendices.

PROVINCIAL SENIOR CITIZENS ADVISORY COUNCIL TERMS OF REFERENCE

Purpose

1. To represent the views and concerns of elderly persons in Alberta.

2. To foster positive attitudes towards aging and a better understanding of the elderly.

3. To advise the government on specific policies and programs for senior citizens with regard to priorities and the coordination of programs.

4. To review and advise on educational, research and special project grants in relation to senior citizens.

5. To carry out other responsibilities at the request of the government.

Meetings

- The Council will meet at least four times a year.

Reporting

- The Council will submit an annual report to the Minister responsible for the Council at the end of each calendar year and submit any other reports to the Minister deemed appropriate.

Remuneration of the Chairman and Members of Council

- Honoraria and out-of-pocket expenses will be paid according to the appropriate schedule established by Ministerial Order.

Secretariat

- The Director of the Alberta Senior Citizens Secretariat and the resources of the office will be available to the Council.

Membership

- The Chairman will be a member of the legislature appointed by government.

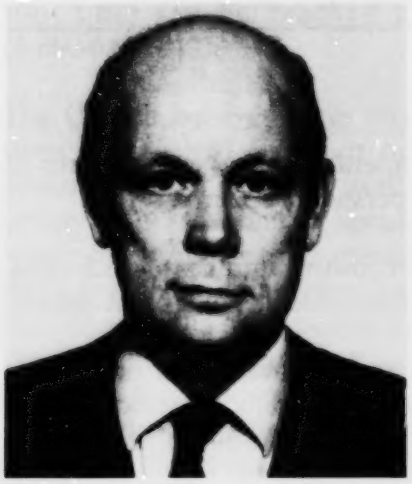
- One member from each of the following organizations selected from nominations put forward by them: Alberta Hospital Association, Alberta Medical Association and, on an alternating basis, the University of Calgary, the University of Alberta and the University of Lethbridge.

- Eleven members representing the community.

MEMBERS OF COUNCIL
1989

Donna Rose, Bassano
representing the rural areas

Mrs. Rose is serving her fourth term as a trustee of the Bassano General and Auxiliary Hospital and is vice-chairman of the board. She is a member of the Alberta Hospital Association board of directors and serves on several association committees. Currently she is chairman of the board of directors of the Community Resource Centre of Medicine Hat.

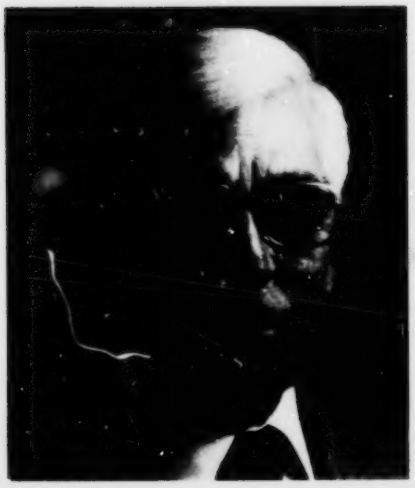


Christopher Armstrong-Esther, Lethbridge
representing the universities

Dr. Armstrong-Esther is a professor of nursing with the Faculty of Nursing, University of Lethbridge, and an adjunct professor of gerontology with the Faculty of Medicine, University of Alberta. Dr. Armstrong-Esther was educated in the United Kingdom, receiving his B.Sc. at the University of Newcastle and his Ph.D at the University of Surrey. His principle interests are in the care of the elderly and in rehabilitation. Since 1983 when he came to Lethbridge, he has worked with the People First Society, the Handicapped Society, the Green Acres Foundation, St. Michael's Hospital and the Lethbridge Health Unit. He is a Director of the Canadian Cancer Society and is on the Board of Directors for the Alzheimers Society. Dr. Armstrong-Esther is the Council's representative for the Committee on Long Term Care. He has also done some special research work with the Blood Indian Band.

Noel Butlin, Calgary
representing the Calgary area

Mr. Butlin, a native Calgarian, is an electrician. He was an active member of the International Brotherhood of Electrical Workers, holding several positions with the union, among them president and assistant business manager. He has served on several trade-related boards, including the Provincial Apprenticeship Board, the Master Electrician Examining Board (Alberta), and the Canadian Electrical Code Advisory Board. Mr. Butlin has been retired for several years now and is enjoying his retirement.



Richard Cherry, Edmonton
representing the Alberta Medical Association

Dr. Cherry obtained his medical education at McGill University and his post-graduate medical education at the University of Alberta. His specialty is family practice. He has been on the staff of the Faculty of Medicine, University of Alberta and was instrumental in developing the residency in family practice. He is currently the chief of medical staff of the Edmonton and Area Auxiliary Hospital and Nursing Home District #24, and is also the team physician for the Edmonton Eskimos, a position which he has held since 1970. Dr. Cherry is a member of the Alberta Medical Association Committee on Aging, the Alberta Geriatrics Society and the American Geriatrics Society. Dr. Cherry is also a Professor Emeritus.

Marilyn Daines, Innisfail
representing the Red Deer area

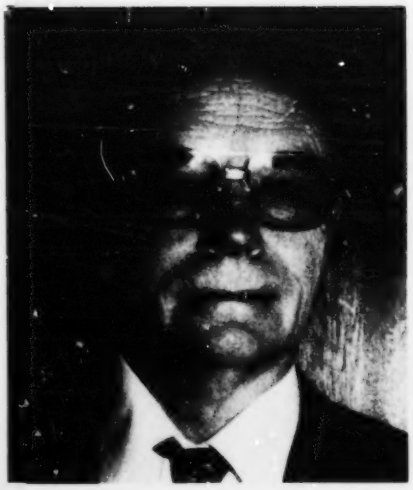
Mrs. Daines obtained her education at Red Deer College and has continued to take courses with a social and psychological focus. She has a background in business, but her interest in seniors developed through employment in an extended care centre. She worked as an assistant-director of volunteers and recreation therapist. Currently Mrs. Daines is a director of Region 7 of the Alberta Council on Aging. She is also a member of the Red Deer Community Action Group for Seniors. Mrs. Daines is also involved in her family's several agricultural-related businesses.

Edward Fee, Killam
representing the Alberta Hospital Association

Mr. Fee was involved in radio work and during World War II served as a communications instructor with the Canadian Army. After the war, he and his brother took over the family hardware business in Killam. Mr. Fee has been active in a number of community services. He has served on the district recreation board and is a member of the Chamber of Commerce, the Royal Canadian Legion, and a member and past president of the Alberta Hospital Association. Mr. Fee is an elder of the Presbyterian Church and for many years was a member and chairman of the Killam Hospital Board.

Jean Golden, Canmore
representing the rural areas

Sister Golden has worked for a number of years with older people in Calgary's inner city, developing outreach services to more isolated seniors. As a result of her involvement, she assisted in the development of a housing project for older people in that area. Several years ago she traveled to Europe for a six-month period, visiting services for older people and the handicapped, and prepared reports for the Departments of Housing and Social Services. One report dealt with the needs of seniors and the other with the needs of the handicapped. She was on the board of directors of the Calgary Housing Authority and a member of the Nursing Home Review Panel. She is a member and past board member of the Alberta Council on Aging. Currently she is serving on the board of directors of the Trinity Foundation which operates several apartment complexes for seniors in Calgary and is a board member of the Outreach Program to Eastern Core Seniors in Calgary. She is also on the Advisory Board for the Father Lacombe Nursing Home in Calgary, and is a member of the Ad Hoc Committee on Substance Abuse and the Older Adult, Alberta Association on Gerontology.

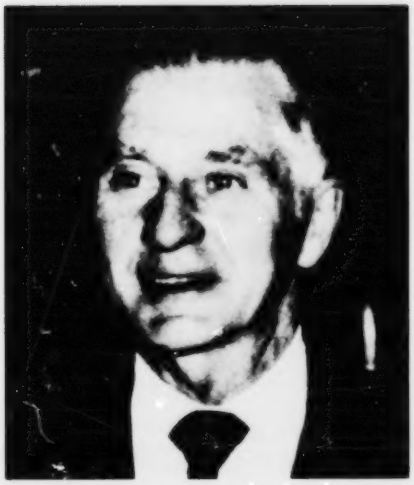


Sid Holthe, Elk Point
representing the rural areas

Mr. Holthe's work roles included farmer, municipal secretary, teacher, principal and service in the Canadian Army (Active) during World War II. He has been involved in the development of community service activities such as the Canada Day Committee, Further Education Council, and the Historical Society, and continues as a member of several local organizations. He is supportive of seniors' activities and accordingly maintains membership in provincial, national and U.S. associations. He is temporarily an appointed member of an Alberta Council on Aging committee, and assists the ACA Region 2 Board on request. His personal interests for the immediate futuure lie in acquiring information on gerontology.

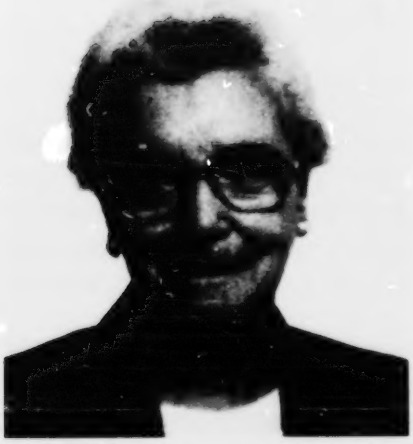
Iola Johnston, Grimshaw
representing the Grande Prairie area

Mrs. Johnston is a retired school teacher. She has continued her interest in teaching through working as a volunteer tutor with a handicapped young adult, under the auspices of an adult education program of Fairview College. Mrs. Johnston has been involved in a variety of community organizations, including the Women's Institute, the Home and School Association, the Recreation Board, her church and several senior citizens' groups. She is a member and past board member of the Alberta Council on Aging. Mrs. Johnston was named Senior Citizen of the Year in 1986 in her community.



Robert Kernaghan, Edmonton
representing the Edmonton area

Mr. Kernaghan served five years in the Air Force during World War II. He was employed as an accountant with United Grain Growers for 36 years in Winnipeg and Edmonton and retired seven years ago. Mr. Kernaghan has been a member of the Royal Canadian Legion for the past 20 years and has been Montgomery Editor of the monthly paper published by the five Edmonton branches. He has been a board member of Pilgrim United Church for many years. He is a director of Edmonton Glengarry and Edmonton North Progressive Conservative Associations. Mr. Kernaghan is involved in volunteer work including Meals on Wheels and transportation for seniors.



Mary Norman, Stony Plain
representing the Edmonton area

Mrs. Norman was employed by the Department of Agriculture for a number of years. For 22 years she was the administrator of the senior citizens' self-contained units and lodges in Drayton Valley and Stony Plain and, for 21 years, the secretary-manager of the Stony Plain Chamber of Commerce. She is currently a member of the chamber and is involved with the Stony Plain Legion, the Women's Institute and the Multicultural Heritage Centre. Mrs. Norman is currently involved in a number of volunteer services related to seniors. One of her major volunteer occupations is working with the older people who are residents of the nursing home in her community. Mrs. Norman represents the Advisory Council on the Inter-Agency Council convened by the Alberta Council on Aging.

Bette Purves, Calgary
representing the Calgary area

Ms Purves has a B.Sc. in Home Economics from the University of Manitoba and has taught home economics, worked for the Manitoba and the federal governments, and a major Alberta utility. Ms Purves has been involved in pre-retirement planning education and the seniors' health promotion program "Fully Alive," a project of the Alberta Council on Aging. She has been on the executive of several community organizations and is a past-president of the Alberta Home Economics Association and Calgary Meals-on-Wheels.

Lynne Sangster, Medicine Hat
representing the Medicine Hat area

Mrs. Sangster was recently re-elected to a second term as a trustee with the Medicine Hat Regional Hospital Board and serves on the Employee Relations Project, Patient Care Public Relations and By Laws committees. She is a member of the Alberta Hospital Association and Chairman of the Resolutions committee. She is also a member of the Medicine Hat Housing Authority and is a director for Region 12 of the Alberta Council on Aging. Mrs. Sangster has worked extensively with seniors as the assistant coordinator of the Veiner Centre responsible for the implementation of programs, counselling and networking and Meals on Wheels. In her latest position as the administrative coordinator of Community Services, she is responsible for growth and assistance to community groups, and the Needs of the Elderly Committee. Mrs. Sangster is a life member of Beta Sigma Phi and, as a member of the Medicine Hat Business and Professional Women's Club, was a 1989 nominee for the Women of Achievement Award.

INTRODUCTION

The theme of this report is promoting healthy aging through a coordinated, comprehensive approach to policy and programs for older people in the province of Alberta.

The report's two sections contain recommendations for future programs and services for older people in the province of Alberta and a review of the activities of the Council and, its administrative arm, the Senior Citizens Secretariat, during the past year.

The Council's recommendations are based on the following: past recommendations of the Council; the personal knowledge of members and their contact with older people, in particular those needing services; requests coming to the Council's administrative arm; and issues raised at the forums on "Women and Aging." A summary of these issues is contained in Appendix III.

Changes in Membership

Harry E. Alger, a member of the legislative assembly who represented the constituency of Highwood until March 1989, completed his term as chairman. On June 1, the Premier appointed Thomas Musgrove, MLA representing Bow Valley, as chairman of the Council.

During this year several Council members retired. Ed Fee, a member of the Council since 1979 representing the Alberta Hospital Association, retired in June. Sister Jean Golden, a member of the Council since 1983, representing the rural areas, retired in August. Sid Holthe retired in December. Mr. Holthe represented the rural areas and had been a member of the Council since 1987. We wish to express our appreciation to them for their very thoughtful and valuable contributions to the work of our Council.

The chairman now reports to the Legislative Assembly through the Associate Minister of Family and Social Services, the Honourable Roy Brassard.

PROMOTING HEALTHY AGING - DIRECTIONS FOR THE FUTURE

The Council makes the following recommendations for action to the Government of Alberta in line with the government's declared commitment to the well-being of seniors in this province, as announced by Premier Don Getty February 22, 1989:

LEGISLATION

RECOMMENDATION 1

TO THE ASSOCIATE MINISTER OF FAMILY AND SOCIAL SERVICES

The Council recommends:

That the Senior Citizens Advisory Council Act be introduced and passed in the next session of the legislative assembly.

In 1989, a Senior Citizens Advisory Council Act was prepared and the Premier referred to it in his statement February 22, 1989. However, the act was not introduced during the past session of the legislative assembly.

The Council believes that a secure legislative base is necessary in order for it to operate effectively on behalf of older Albertans, and urges the government to introduce and pass such legislation in the next session of the assembly. Such a step would indicate that the government recognizes the Council and its importance for the welfare of the senior population.

COORDINATION

RECOMMENDATION 2

TO ALL MINISTERS WITH POLICIES AND PROGRAMS RELEVANT TO SENIORS

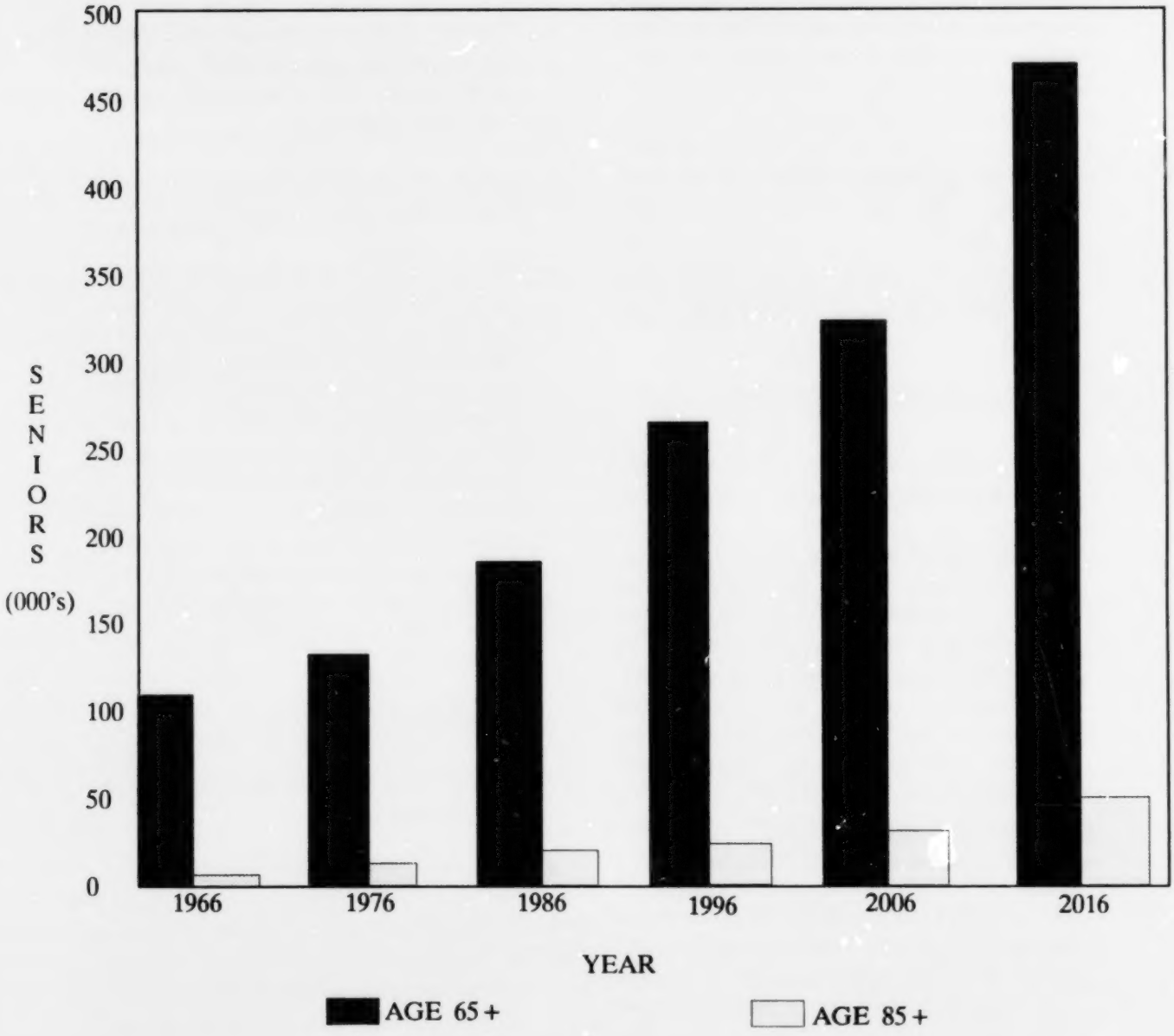
The Council recommends:

That the Ministers with responsibility for policy and programs relevant to seniors coordinate their efforts based on the directions in this report.

In planning and developing programs and services for seniors it must be remembered that the majority of older people are healthy and able to care for themselves. The Government is to be commended for endeavouring to encourage this through health promotion and seniors' wellness programs which help older people maintain their well being.

With the growing number of seniors (see figure 1), this emphasis must continue with increased support from government and increased community efforts.

ALBERTA'S SENIORS AGE 65 + AND 85 +
1966 - 1986 (CENSUS), AND 1996 - 2016 PROJECTIONS*



* Projections are based on Series 5.

Source: Statistics Canada, The Nation, Catalogue 93-101, September 1987, and Alberta Bureau of Statistics, Population Projections Alberta, 1987-2016, May 1988.

It is hoped that the following will assist Ministers, their departments and those planning and delivering services at the local level, to develop a comprehensive and coordinated approach to policies relating to the older people of our province.

RECOMMENDATION 3

TO THE MINISTER OF HEALTH AND THE MINISTER OF MUNICIPAL AFFAIRS

The Council recommends:

That the single point of entry be implemented on a province-wide basis as soon as possible.

The Council strongly supports the province-wide implementation of the single point of entry for all continuing (long-term) care services--home care, day programs, facility based care. It believes that this implementation must be required by the provincial government, not left to local and voluntary initiative, as proposed in an Alberta Health discussion paper, "Voluntary Province-Wide Implementation of the Single Point of Entry for Long-Term Care Services".

The Council's comments on this paper are in Appendix I. These comments reflect our beliefs about the system needed to ensure effective and coordinated services for those older people with some dependencies. The following are main points from the comments:

- The establishment of Regional Assessment and Placement Committees should be required by the province.

- The provincial government should establish boundaries for the single point of entry regions, and these should be the health unit boundaries.

- Lodges should be incorporated into the single point of entry system.

- The Council appreciates the establishment of the patient classification system and case mix funding of continuing (long-term) care facilities. However, this may result in some empty beds with resulting pressure to fill these beds. Therefore, all assessment staff (including institutional assessment staff) should be administered by home care. All assessment and reassessment should be carried out by community based assessors or case coordinators, (The Council prefers the term "case coordinator" to "case manager.")

- Reassessment must be carried out every four to six months to ensure close monitoring as well as to facilitate restorative care planning.

- Without clear direction from the provincial government, the implementation of the single point of entry will be weakened and the institutional sector will continue to exercise much influence and direction over placement. This will undermine the development of the range of community services needed if older people are to remain in their own homes and communities.

RECOMMENDATION 4

TO THE MINISTER OF HEALTH

The Council recommends:

That mental health services for the elderly be coordinated with other services.

Because of the close relationship between physical and mental health in aging people, it is essential that there be one system of care/services.

EDUCATION ABOUT AGING

RECOMMENDATION 5

TO THE MINISTER OF EDUCATION, THE MINISTER OF ADVANCED EDUCATION AND THE MINISTER OF HEALTH

The Council recommends:

That education about aging be included in the school curriculum from the primary through the high school level;

That post-secondary institutions include education about aging at the undergraduate and graduate professional level, and that it be mandatory for health professionals;

That educational opportunities for retired persons be increased and that such programs include education about aging for the general public.

A greater knowledge and understanding of aging and determining the real, rather than the perceived, needs of senior people is necessary to ensure that our programs and services are effective. In addition, the more people understand their own aging, the more effectively they can cope with the changes aging may bring.

INCOME SUPPORT

RECOMMENDATION 6

TO THE MINISTER OF FAMILY AND SOCIAL SERVICES, THE MINISTER OF MUNICIPAL AFFAIRS, THE MINISTER OF HEALTH, THE PROVINCIAL TREASURER, THE MINISTER OF LABOUR, AND THE MINISTER OF FEDERAL AND INTERGOVERNMENTAL AFFAIRS

The Council recommends:

That the Government consider an extension of the Alberta Widows' Pension Program to other low income groups.

The need to review the Alberta Widows' Pension Program was identified at the community forums on Women and Aging sponsored by the Council in conjunction with the Alberta Advisory Council on Women's Issues and the Alberta Association on Gerontology. Participants suggested that provisions available to widowed persons under the Alberta Widows' Pension Pro-

gram should be extended to other low income persons.

That the Government continue to work toward the improvement of the Canada Pension Plan and increased coverage of the labour force by private pension plans.

Financial security in the later years of life is most important in maintaining health and well being and is essential for the promotion of healthy aging.

That the Government continue to examine retirement policies to promote more opportunities for gradual and flexible retirement, job-sharing and part-time work, both paid and volunteer, for retired persons.

The ability to make a successful transition from full-time paid employment to retirement has much to do with one's ongoing mental and physical health in the later years. Many retired persons have indicated they are willing and able to continue to be active, so the creation of work (paid and unpaid) opportunities for them will be important.

OPPORTUNITIES FOR LIFE ENRICHMENT

RECOMMENDATION 7

TO THE MINISTER OF HEALTH AND THE MINISTER OF MUNICIPAL AFFAIRS

The Council recommends:

That the Ministers examine ways to provide more secure funding for senior citizens centres in Alberta.

The main source of operational funding for seniors centres, in particular those which are providing social services as well as recreational and educational opportunities, is the Family and Community Support Services Program, a joint effort of the Department of Health and municipalities. These centres are providing many services to older people--information and counselling (to families as well as seniors), housing assistance, health maintenance, outreach visiting and peer support to more isolated seniors, as well as creating opportunities for volunteer service. Operated by organizations of older people themselves, the centres need a secure and consistent source of operational funding.

HOUSING

RECOMMENDATION 8

TO THE MINISTER OF MUNICIPAL AFFAIRS

The Council recommends:

That consideration be given to ways of encouraging the development of more housing for middle-income seniors.

Safe, affordable and secure housing is essential. The Council appreciates the steps the Government has taken to provide subsidized apartments/lodges for lower income seniors and, as well, to provide programs to assist them to live in their own homes or rented apartments. The Council wishes to see more seniors' housing for middle-income older people for which seniors themselves would be prepared to pay, in whole, or in part.

That some housing for seniors include support services, as needed.

Such services could include the availability of one meal a day, personal care or housekeeping help when needed, and the residents could pay for such assistance. This type of housing is called shared housing or enriched housing in other jurisdictions. Even very frail older people can be supported in such housing and live in assisted independence.

That consideration be given to making an exception to zoning regulations in those instances when a senior wishes to add an accessory apartment to his/her house.

Some older people could continue living in their own homes if someone were living with them. Having an accessory apartment in one's house would enable this, but unfortunately, due to zoning restrictions in some areas, it is not allowed. This concern was raised by participants at the two community forums on Women and Aging.

HEALTH PROMOTION

RECOMMENDATION 9

TO THE MINISTER OF HEALTH

The Council recommends:

That the three health unit pilot projects in seniors' wellness be evaluated before expansion to other areas.

It is essential to help aging people maintain their health and much can be done through education in self care concerning proper nutrition and exercise. Should problems develop, early detection and intervention is essential, along with information on proper self care. Chronic disease can be managed, information can be provided about medications and their proper use and mental and physical health needs and problem prevention can be addressed.

The Council is pleased that South Peace and Chinook health units and the Edmonton Board of Health have received funding to

develop pilot projects in seniors' wellness. Evaluation of the seniors' wellness projects will help in determining the most effective way to reach the objective of promoting and maintaining health in the later years of life, and is needed to ensure that further programs are on target.

That the prevention of disease, helping people to maintain health, should be emphasized in the education of physicians.

Physicians could do much to help people manage their own health, providing education about good health habits and the prevention of disease.

RECOMMENDATION 10

TO THE MINISTER OF RECREATION AND PARKS

The Council recommends:

That fitness, recreation and sports programs for seniors be promoted through municipal recreation departments and non-government agencies, with input from representative seniors.

Programs of fitness and sports, offered through local recreation services as well as private agencies, are most important for the promotion of healthy aging.

TRANSPORTATION

RECOMMENDATION 11

TO THE MINISTER OF TRANSPORTATION AND UTILITIES, THE MINISTER OF MUNICIPAL AFFAIRS AND THE ASSOCIATE MINISTER OF FAMILY AND SOCIAL SERVICES

The Council recommends:

That the way in which municipalities use funding provided for the development of transportation services for seniors and the handicapped be monitored and that municipalities be requested to advertise the availability of this funding.

Transportation is an essential service and some older people are unable to use private automobiles or public transportation. In some instances, the latter is not even available. Lack of mobility creates dependency and often social isolation. The Government makes funding available to municipalities in order for them to develop this important supportive service, however, people are often not aware of this provincial funding as it is part of a general municipal grant. The Council is, therefore, recommending that availability of this funding be advertised, so seniors and persons with disabilities make use of it, and that the Government monitor how the funding is used.

CONTINUING (LONG TERM) CARE

RECOMMENDATION 12

TO THE MINISTER OF HEALTH

The Council recommends:

An expansion of the Coordinated Home Care Program with increased funding and an increase in the provision of social/non-medical services, such as counselling, homemaker and chore services and personal care help.

While the Council is pleased that the Government increased funding for the Coordinated Home Care Program in 1988/89, specifically targeting people at risk of institutionalization, it recognizes that there is still a great discrepancy between the provision of Government support for community services and that for institutional care. Until community care services are adequately funded, there will be inappropriate institutionalization of older persons in this province. This was one of the issues raised by those attending the two community forums on Women and Aging.

The home care program should include social work consultation for older people and their families as well as a greater degree of non-medical assistance. It is the lack of social support that often places an older person at risk of institutionalization.

RECOMMENDATION 13

TO THE MINISTER OF HEALTH

The Council recommends:

The adaptation of the patient classification system for use in the Home Care Program so there will be greater equity between community and institutional care and so that home care will be able to provide care to an individual up to the public cost of care for that person in an institution, if appropriate.

It is essential that home care services be funded at a level up to that of institutional care, and that the patient classification system be adapted so it can be used to determine the level of care needed by people living in the community. Only in that way can community care be treated on a equitable basis with institutional care.

RECOMMENDATION 14

TO THE MINISTER OF HEALTH

The Council recommends:

In order to determine the comparison of costs between community care and institutional care, a pilot project in the provision of financial assistance to older persons or to families to enable them to purchase care services;

The development of secure provincial funding for adult day support programs and day hospitals.

Families are an important source of support for frail seniors. Strengthening family life is a major policy initiative of the Government. The establishment of a Family Day, the Premier's Council on the Family and the development of a Family and Drug Abuse Foundation illustrate this initiative.

The above recommendations are ways in which the Government could demonstrate specific support for the elderly and their families. The need for financial support for caregivers has been raised by our Council in the past and was raised at an international symposium held in Ottawa, attended by our chairman. Adult day support programs and day hospitals, not only help to maintain frail older persons, they provide respite for caregivers, thereby strengthening family life.

RECOMMENDATION 15

TO THE MINISTER OF HEALTH

The Council recommends:

The development of policies for the Coordinated Home Care Program to ensure consistency in services throughout the province.

Currently, home care programs throughout the province vary, as each health unit has considerable discretion in determining what it should offer in its program, and to whom.

RECOMMENDATION 16

TO THE MINISTER OF HEALTH

The Council recommends:

Continued support for specialized geriatric assessment and rehabilitation services.

The Council is encouraged by the developments in specialized geriatric services taking place in Edmonton and Calgary and the gradual development of these in regional centres. Such services are necessary for referral, for consultation and for the teaching of health professionals. A capacity for geriatric assessment must be developed within the acute care system, with an emphasis on rehabilitation and discharge and the use of quick response teams to prevent unnecessary hospital admissions. The Council acknowledges the initial involvement and donation from the corporate sector to the development of a geriatric service in one acute care hospital and wishes to encourage further such involvement.

RECOMMENDATION 17

TO THE MINISTER OF HEALTH

The Council recommends:

The development of a certificate program in clinical geriatrics in Southern Alberta.

The Youville Geriatric Services in Edmonton is developing a certificate program in clinical geriatrics that will provide an opportunity for professionals to update their knowledge. This has been made possible with funding provided through the Council's grant program. The Council recognizes the need for a similar program in Calgary.

RECOMMENDATION 18

TO THE MINISTER OF HEALTH

The Council recommends:

That resources be provided to continuing care (long term care) facilities to enable them to develop rehabilitation and discharge services.

The Council welcomes the move by Alberta Health toward the development of integrated continuing care facilities, which will mean that in the future an older person will not have to move if his/her care needs change. However, these facilities must move away from being simply "care" facilities to ones that provide rehabilitation and restoration services for their elderly residents. As much as possible, discharge to living situations where the older person can be more independent in his/her functioning should be emphasized. These facilities must be provided with the resources to carry out these programs and monitored to ensure they do.

INFORMATION AND OUTREACH

The Council wishes to emphasize the importance of accurate, up-to-date information, if older people and their families are to make appropriate decisions. There are a variety of benefits and services but it is often difficult for people to know what they are and how to gain access to them. This was identified as a major concern by participants at the two community forums on Women and Aging, as well as a need for a central information service for seniors.

The provision of local information services, supported through Family and Community Support Services funding (a joint effort of Alberta Health and municipalities) and provided either in senior centres or in FCSS offices, is most important. It is also important that these services maintain links with the central information service offered by this Council, through the Senior Citizens Secretariat.

A long distance toll free line, the Alberta Seniors Information Line, 1-800-642-3853, ensures the service is more accessible to rural people.

Various publications such as Programs for Seniors, also assist in the dissemination of information--helping people to help themselves. There is a need to ensure that more people are aware of central and local information services.

The above directions are a challenge, not only to the Government of Alberta, but to all of Alberta society, for the Council recognizes that all of us have a responsibility to maintain our health and well being as we age and to support others in doing so. The Council is proposing that the government take the leadership in moving our approach to our aging population away from "care" only, to one that supports and helps people to stay healthy and to help themselves. With this approach, the growing numbers of seniors will continue to be involved, productive and an asset to all of Alberta society.

PROMOTING HEALTHY AGING: A REVIEW OF THE COUNCIL'S ACTIVITIES DURING 1989

The Council has focused on promoting a better understanding of healthy aging in our society and on informing and influencing government policy.

During 1989 the Council provided advice and consultation concerning:

- Continuing Care
  - recommended the term "continuing care" rather than "long term care" be used, as such care is used on a short term as well as a long term basis.
  - met with the manager of the Institutional Long Term Care Branch, to discuss the departmental operational plan for community and institutional long term care services.
  - submitted comments on two Alberta Health discussion papers "Values and Principles to Guide the Development of a Coordinated Long Term Care Institutional System in Alberta" and "Voluntary Province-Wide Implementation of Single Point of Entry for Long Term Care Services" (see Appendix I).
  - discussed standards for adult day programs with an Alberta Health consultant.
- Public Guardian Program
  - provided verbal and written comments concerning changes in the forms and procedures used by the Public Guardian in the determination of incompetency.
- Community Health Nursing Service
  - provided advice on community health nursing services for the elderly to the Alberta Health seniors' health consultant.
- Old Age Security Program
  - discussed concerns about accessibility with representatives of the federal Old Age Security Program.
- Veterans Affairs Canada
  - discussed various veterans' programs with staff representatives.
- Status of Persons with Disabilities
  - submitted written comments to the Premier's Council on the Status of Persons with Disabilities about its paper, "Toward a New Vision of Abilities in Alberta".

- Alberta Family and Life Drug Abuse Foundation

  - submitted a brief to the Ministerial Health Policy Advisory Committee concerning the above foundation (see Appendix II).

The Council met with the following individuals and organizations:

- Assistant Deputy Minister, Public Health, Alberta Health

  - discussed concerns about the relationship of home care to health units.

- Assistant Deputy Minister and Executive Director, Alberta Municipal Affairs

  - provided comments on the department's new programs and on seniors' housing programs in general.

- Association of Directors of Volunteers in Health Care

  - met with representatives from the Association of Directors of Volunteers in Health Care to discuss the role of volunteers in care of the elderly.

- Alberta Senior Citizens Homes Association

  - reviewed a presentation and video on the future role of lodges.

- University of Alberta Centre for Gerontology

  - heard a request for funding of a data bank and a research bursary.

- Dean of the Faculty of Medicine, University of Calgary

  - received updated information on the endowed chair in geriatric medicine and related developments in Calgary.

Council members have made a consistent attempt to visit senior citizens' organizations and services in their regions of the province. Whenever appropriate, they have spoken about the work of the Council as well as listened to the interests and concerns of seniors and those working with them.

- Workshop for Mount View Health Unit staff

  - led by two members, on the work of the Council and the "Fully Alive" program.

- Alberta Council on Aging (ACA) regional forums on aging

  - members attended these forums, sponsored by the ACA, a province-wide voluntary organization.

- National and international meetings, attended by invitation

  - a national workshop on elderly pedestrians and driver safety.

  - a national workshop on Winter Cities.

  - a workshop on knowledge development for health promotion.

- a workshop on determinants in healthy aging, a World Health Organization national initiative.

- a federal meeting on elder abuse (chairman), Vancouver.

- a meeting of provincial advisory councils convened by the National Advisory Council on Aging (chairman), Ottawa.

- an International Symposium, "Integration of and Equality for Seniors", sponsored by the federal Minister of State for Seniors, National Health and Welfare and the European Centre for Social Welfare Policy and Research (chairman), Ottawa.

- Regular contact was maintained with the Alberta representative on the National Advisory Council on Aging.

Subcommittees of Council

- **Women and Aging**

  The subcommittee planned and held two community forums on Women and Aging, one in Edmonton (September 29 and 30) and one in Lethbridge (October 20 and 21). These events were co-sponsored with the Alberta Advisory Council on Women's Issues and the Alberta Association on Gerontology. The purpose was to promote dialogue on issues affecting older women, and 226 people attended. A summary of the issues raised by participants is in Appendix III. Proceedings are also available from the Senior Citizens Secretariat.

- **Education About Aging**

  The subcommittee conducted a survey of community-based activities relating to education about aging for the general public, seniors themselves and people working with older people. Information from this survey is available. This survey was carried out to enable the subcommittee to determine availability of such programs in Alberta communities. The subcommittee is also surveying post-secondary educational institutions. The subcommittee and other Council members reviewed the material for the "On Aging" series (information about aging for the general public).

- **Older Natives**

  The subcommittee visited several Metis Settlements and reserves in the north-eastern region of the province and decided there is a need to gather more concrete information about the needs of older Native persons. A questionnaire which could be used to gather information was drafted. The subcommittee explored the need for more information with the federal Department of Indian and Northern Affairs and the Special Advisor on Natives, Alberta Family and Social Services.

- **Grants Review**

  The subcommittee reviewed applications for education, special project and research grants and made recommendations concerning them. It held, with the assistance of the University of Alberta Centre for Gerontology, a seminar to present the results of several of the funded research studies. Called "Fes-

tival of Sharing," this seminar took place during Senior Citizens Week in June, and approximately 150 persons attended.

- In 1989 grants totalling $267,462 were recommended for approval by the Minister. (This includes grants funded on the last three months of the 1988/89 fiscal year and the first nine months of the 1989/90 fiscal year.)

  - Foothills Health Unit, High River, to develop a grandparenting program.

  - Canadian Mental Health Association, to produce a publication on suicide prevention and to conduct several workshops.

  - Outreach Program for Eastern Core Seniors, Calgary, for an evaluation of its existing program.

  - Alberta Council on Aging to assist with general operating expenses and to co-host an information workshop for workers in the field.

  - Alberta Association on Gerontology for a workshop on health promotion, "Super-Age 89", and to assist with community forums on Women and Aging.

  - Alberta Long Term Care Association, for a workshop on the design of institutional facilities.

  - Alberta Public Health Association to cover costs of a speaker on seniors at its annual conference.

  - Brooks Hospital Volunteer Society to fund a workshop on aging.

  - Canadian Association on Gerontology to assist with the expenses of its annual conference and to assist with the expenses of Albertans attending it.

  - Canadian Gerontological Nursing Association to assist with the expenses of its national conference held in Calgary.

  - Centre for Gerontology to assist with the costs of the seminar, Festival of Sharing, a conference presenting findings of many of the research studies funded through the research on aging grants.

  - Sunbow Society for the Prevention of Family Violence, for a workshop on elder abuse.

  - Sunshine Trail Society, Medicine Hat, to fund the annual Southeastern Alberta Gerontology conference.

  - Bow Cliff Seniors in Calgary for evaluation of their senior centre programs in terms of health promotion activities.

  - Society for the Retired and Semi-Retired, Edmonton, to enable it and other voluntary organizations to participate in the Prime Time Show (Senior Citizens Week).

- University of Calgary, principal investigator Professor Christopher Bagley, a research grant to study the acculturation of the elderly Asian immigrant.

- University of Calgary, principal investigator Dr. Prem Fry, a research grant to assess a program for memory enhancement for older adults.

- University of Alberta, principal investigator, Professor Karin Olson, a research grant to examine how the attitudes of patients can be a barrier to preventing early detection and treatment of ovarian cancer.

- University of Alberta, principal investigator, Dr. Anne Neufeld, a research grant to look at the factors which influence older adults' participating in health education programs.

- Youville Geriatric Services, Edmonton General Hospital, to develop a certificate program in clinical geriatrics.

- **Senior Citizens Week**

  The Council sponsored the fourth annual Senior Citizens Week in the province of Alberta, June 4 to 10, 1989. The theme was "Seniors in Tune with the Times," and the objectives were:

  - to promote positive attitudes and understanding of older people;

  - to recognize the contributions that older people are making;

  - to provide an opportunity to honour the older people of Alberta.

- **The Senior Citizens Secretariat**

  The administrative arm handled requests for information. These were for information about benefits and services for seniors, aging, work with older people as well as for general demographic and service utilization data relating to the population age 65 and over. Approximately half of the requests came from senior citizens. The remainder were from community and government professionals working with the elderly and from family and friends of seniors.

  - The Alberta Seniors Information Line, 1-800-642-3853, started in April. This toll free long distance line was established in order that the information service would be more accessible to rural seniors. Concerns were raised by people in rural areas and by rural members of the Legislative Assembly about seniors not knowing of benefits and services for seniors and how to gain access to them. This has been a very positive and effective tool to provide a better information service to rural seniors.

  - With the assistance of the Alberta Council on Aging, the Secretariat convened the annual provincial workshop for local information workers with seniors, attended by about 50 persons.

  - A number of publications were developed in 1989 including the following:

Programs for Seniors, 1989, a booklet explaining benefits and services for persons age 65 and over in Alberta.

"Highlights of Programs for Seniors", a brochure summarizing the benefits and services available to older people.

Fact Sheet, a newsletter distributed primarily to people working with seniors.

Older Albertans, 1988, a study with demographic, service utilization and expenditure data relating to the population age 65 and over in Alberta.

Alberta's Seniors: Demographic and Income Information by Health Unit, demographic and income data relating to people age 65 and over in each of Alberta's 27 health units.

Alberta's Aging Population, Trends and Implications, a paper which looks at the future of aging in Alberta.

"On Aging" series (prepared for printing), seven short papers and seven brochures on various aspects of aging to help the general public gain a greater understanding of how to cope effectively with age-related changes.

Regular articles for the ACA News, News for Seniors (Edmonton), Kerby News (Calgary), Seniors Times (Lethbridge), Parkland Senior Times (Red Deer), Westlock Hub Newspaper (Westlock).

- The Secretariat presented numerous talks and lectures to seniors' organizations and services, workshops and conferences, and to students at post-secondary educational institutions about benefits and services for seniors, aging, demographic changes and the future, and the family and aging persons.

- The Secretariat also assisted with interdepartmental coordination:

  - served as secretary for the Interdepartmental Committee on Long Term Care (Health, Municipal Affairs and Family and Social Services);

  - served on the Long Term Care Liaison Committee of Alberta Health;

  - convened regular meetings of the Interdepartmental Coordinating Committee on Senior Citizens which includes representation from eight departments;

  - assisted other departments as requested with advice and consultation.

- The chairman carried out many activities related to the senior population of Alberta. During 1989 he met with 13 different seniors' organizations and services and spoke on 17 occasions at workshops, official openings and anniversary celebrations.

APPENDIX

Comments from the Provincial Senior Citizens Advisory Council on the Alberta Health Papers

"Values and Principles to Guide the Development of a Coordinated Institutional Long Term Care System in Alberta"

"Voluntary Province-Wide Implementation of Single Point of Entry for Long Term Care Services"

1989 Report
Provincial Senior
Citizens Advisory Council

Comments on the Alberta Health Paper, "Values and Principles to Guide the Development of a Coordinated Institutional Long Term Care System in Alberta"

Submitted by the Provincial Senior Citizens Advisory Council to Alberta Health

The Provincial Senior Citizens Advisory council welcomes the opportunity to respond to the document, "Values and Principles to Guide the Development of a Coordinated Institutional Long Term Care System in Alberta," prepared by the Long Term Care Institutions Branch, May 1989. We are in very broad agreement with many of the proposals and suggestions. The Council believes that the provision of a continuum of care, with the various elements blending together, should be the underlying principle in planning services for the elderly. These services should be integrated in such a way that they extend from the promotion and maintenance of good health through a range of community and institutionally-based services to the provision of palliative care in either the home or institutional setting. As the Canadian Medical Association Committee on Health Care for the Elderly points out, no artificial or bureaucratic barriers must be allowed to interrupt this continuity.[1] The Council is pleased to note that one of the important principles (point 7.1) is to make the service more client-focused and avoid the unnecessary and wasteful admission of the elderly to institutions or their transfer from one setting to another.

It is quite apparent that a range of options must be available to meet the differing needs, hopes, aspirations and expectations of elderly individuals and to ensure that they are supported in an appropriate setting of choice. The Council welcomes, therefore, many of the principles and strategies set out in the paper. We are, however, concerned that the use of the term 'Long Term Care' may be misconstrued to emphasize institutional care rather than a focus on maintaining the older person in the community for as long as possible. We believe that the term 'Continuing Care,' as recommended in the Provincial Senior Citizens Advisory Council 1988 Annual Report, is more appropriate and more accurately describes both the services and attitudinal changes that are necessary to achieve a new approach to the care of older people. Such a change is in keeping with many of the proposals, particularly the community emphasis (point 7-4), choice (point 7.8) and holistic care (point 7.9).

The Council welcomes the decision to move away from the fragmented and linear model of care that has resulted in elderly persons moving from independent community living to institutional care. The decision to standardize patient classification procedures and

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1 Canadian Medical Association. Health Care for the Elderly: Today's Challenges: Tomorrow's Options, 1987.

benefits between nursing homes and auxiliary hospitals will remove some of the inequities that cause confusion to clients and their families. The decision to develop a multi-level care milieu or case mix funding (point 8.3) and stop the practice of moving elderly persons from institution to institution, or separating couples as care needs change, is long overdue. The proposal, while addressing some of the anomalies that exist between nursing homes and auxiliary hospitals, brings into sharper focus the financial inequalities that exist between family-supported community care and government-supported institutional care (point 8.1).

In this regard, there are two alternatives that should be explored as they have been used with success elsewhere. Direct payments to family caregivers could be considered. If this is unacceptable, the payment could be made to elderly persons who need services, so that they can buy the services they require to support themselves in their homes. Determining need should not be difficult and a modified version of the patient classification tool could be developed and used for this purpose. The Council, in the past, has suggested that family caregivers who receive direct payments could be trained and supervised by home care. Additionally, another alternative home care could be funded so that it could provide services in relation to the classification of the client, as institutions will be able to do.

A willingness to fund community care at a level up to institutional care (if required) is the only way to achieve the goal of providing encouragement and support for the elderly to remain in the community as long as they are able (point 8.1). It also addresses the issue of cost effectiveness (point 7.12) because it eliminates the high capital and operating costs of institutional care. It enhances client choice (point 7.8) and addresses the issue of quality of life (point 7.11). As the Canadian Medical Association/CHCE report states:

> The mentally competent elderly should be as free to opt for risk or safety as are the rest of us. Like their younger counterparts, they should not be forced into institutions simply to protect them from the risks they choose to run in caring for themselves.[2]

The Council welcomes any move to provide an integrative and flexible system of care (point 7.5). In this regard the role of quick response teams and multi-level care, for example, can straddle both the institutional and community sectors; it does not require a new stock of custom-designed buildings. The judicious use of single point of entry, patient classification and reassessment procedures would ensure that the best interests of the client are always addressed. However, the Division of Long Term Care must set down guidelines on both the frequency and type of assessment that will be undertaken. The Division also has a responsibility to seek additional funding for the in-service training of formal caregivers to enable them to undertake assessments or patient classification and alter their practice accordingly. In addition, if the objectives of quality of life (point 7.11) and promotion of independence (point 7.3) are to be achieved, staff will need to be

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2 Ibid.

given the skills to practice restorative care rather than the present practice of custodial care. The educational needs of health care professionals must also be addressed, and colleges and universities must be encouraged to educate students so that they can function effectively in multidisciplinary care teams.

The proposals to coordinate access (point 7.7), provide a continuance of services (point 7.6) and give a community emphasis (point 7.4) are welcomed. These developments and changes will help to reduce confusion for clients and families. They should also reduce and help to eliminate much of the duplication that bedevils the present services. In addition they will lead to greater cost effectiveness (point 7.12) by providing a range of more appropriate services through the more expeditious use of patient classification, single point of entry, rehabilitation, discharge planning and various forms of day and respite care to support both the elderly clients and their family caregivers.

Another important group to consider is the voluntary sector, and the need to coordinate these agencies with public agencies must not be overlooked. However, as the Canadian Medical Association points out in its report, the experience to date shows that coordination, meaning that institutions and agencies talk to each other from time to time, may achieve some continuity, but territory is still stoutly defended and aggressive parties consistently seek to extend areas of influence and control.[3] The power of allocation and reallocation of resources that is necessary in a well-managed service, can only be achieved by local direction of all the components. As a first step in this direction the Council believes that the implementation of the 'Single Point of Entry' under the auspice of Home Care will help to achieve this. In the long term, we will need to give consideration to ways of improving the efficiency of the present many local boards operating health services; regionalization and combined boards may be needed.

In planning a new legislative instrument (point 8.2), all of the disparate elements of care, that is community, long term and acute care institutions need to be included. In conjunction with the proposed review of fees to remove financial incentives for the use of higher levels of care than are needed (point 7.12), these changes will help to facilitate movement across boundaries rather like the 'Hospitals without Walls' that have been pioneered in New Zealand. It would also bring the acute care centres into the spectrum of care. Elderly persons are major users of these facilities. The type of care they receive during and after acute illness determines, to a large extent, whether they will return home or be transferred to long term institutional care. Rehabilitation and discharge planning should start immediately before the individual feels helpless or before social and domestic support systems deteriorate. In this regard the Canadian Medical Association Committee on Health Care for the Elderly has recommended that acute care hospitals should strengthen their services to include a designated in-patient medical/surgical rehabilitation unit, day hospital and geriatric assessment unit.[4] The

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3 Ibid.

4 Ibid.

Council would like to see the Division of Long Term Care supporting this recommendation as part of its proposal to promote independence (point 7.3, 8.1).

Finally, it should be realized that while cost effectiveness is important it must be balanced by human benefit if the proposals on quality of life (7.11), promotion of independence (7.3), client focus (7.1), choice (7.8), holistic care (7.9) and community emphasis (7.4) are going to have meaning. The Council fully supports these exciting initiatives and believes that they will considerably enhance the life of present and future generations of Albertan seniors.

COMMENTS ON THE ALBERTA HEALTH PAPER, "VOLUNTARY PROVINCE-WIDE IMPLEMENTATION OF SINGLE POINT OF ENTRY FOR LONG-TERM CARE SERVICES"

Submitted by the
Provincial Senior Citizens Advisory Council
to Alberta Health

The Provincial Senior Citizens Advisory Council welcomes the opportunity to comment on the above discussion paper. The Council in its paper dated May 1988 on the Report of the Committee on Long-Term Care strongly recommended and supported the province-wide implementation of single point of entry (SPE) and our position on this issue remains unchanged. We are, however, concerned about the voluntary nature of the proposal set out in the discussion paper. We believe that many of the optional elements, especially the Regional Assessment and Placement committee (point 1, page 5), and the concomitant establishment of 'boundaries' (point 3, page 5) should be CORE ELEMENTS. Without such a framework and clearer direction on the implementation of SPE, the proposal is seriously weakened. The institutional sector will continue to exercise a great deal of influence and direction over placement, and this will undermine the development of a range of community services that would make the retention of the elderly in their homes and communities a reality.

The proposal for implementation of SPE that provides for local flexibility, rather than clear directives based on the outcomes of the successful pilot schemes, reflects provincial health policies much more than any imperatives in underlying need or requirement for care. The patient classification system and mix-case funding of long-term care patients do, however, represent a major improvement over global budget funding. It should, however, be recognized that empty beds will result in a loss of revenue to the institutional sector, and this will create pressure on the Institutional Placement Committee (point 4, page 4) to fill the beds and a strong determination among the institutional representatives to control the placement procedures. The Council is, therefore, very concerned about the proposed membership of the Institutional Placement Committee (point 4). While it is hoped that all the stakeholders will work equitably, there will be a lone community (Home Care) representative in a sea of institutional vested interests. Institutional assessment staff are employees of the institution and this may place them in an extremely difficult position. Surely, it would be better to have all assessment staff re-designated and administered by home care. They could then, with suitable training, fulfill two important additional roles:

i. Case management, which the Council prefers to call case coordination.

ii. Liaison between institution and home care programs. This would allow much greater emphasis on:

   - periodic reassessment following institutionalization

   - rehabilitation

- maintenance of home and community support systems by continued involvement of the family (point 4, page 3)

- discharge planning.

Such a realignment of assessment and placement staff would ensure that SPE is:

- based upon the principle that individuals wish to remain independent for as long as possible (point 3, page 3).

- designed to serve the needs of the client and ensure that they are appropriately met. The rights of the individual and client choices should be respected (point 5, page 3).

The proposal set out in the discussion paper will, in many areas, reinforce the control that is currently exercised by the institutional sector. The risk is that elderly people will continue to be institutionalized unnecessarily and services will continue to be fragmented by territory. Furthermore, it will not contain cost nor permit the redirection of funding from the institutional to the community sector. Thus, the incentive to institutional placement committees will be to ensure the maintenance of waiting lists for beds. We believe that the planning horizons, as set out in the discussion paper, are presently too short and the voluntary 'flexible' nature of implementation of SPE will tend to place the emphasis on facilities rather than community programs.

Assessment and reassessment by a community based assessor or case coordinator rather than a case manager (point 5, page 4) is, in our opinion, essential, because the equation of merit and dismerit of admission is more finely balanced in the aged, especially the very old. The elderly, once institutionalized, stand to lose their control and independence and their mental stability and network of social supports are both easily jeopardized by removal from the home environment. In view of this, the Council is not impressed by the suggestion of reassessment on a yearly basis (point 7, page 4). If the authors of the discussion paper are serious about the principles underlying an assessment/placement model (page 2-3, points 1-8), reassessment needs to be undertaken more frequently. In the Council's response to the Committee on Long-Term Care for Senior Citizens (May 1988) it was recommended that:

> formal reassessment be carried out every four to six months to ensure close monitoring and facilitate restorative care planning.

We still support that position. Lack of frequent reassessment is based on the assumption that, once a need is met and an elderly person is admitted to long-term care, the problem is solved. As a result, we know very little about the progress or the ongoing needs of that person.

The Council believes that the core elements set out in the discussion paper are a compromise, and it is unfortunate that many of the optional components have not been incorporated into the core recommendations. Where there is no directive there will be little incentive to incorporate these elements. As the CMA Committee on Health Care of the Elderly (1987) points out: the experience to date shows that coordination (meaning that institutions and agencies talk to each other from time to time) may achieve

some continuity but that territory is still stoutly defended and aggressive parties consistently seek to extend areas of influence.[5]

The power of allocation and reallocation of resources that is necessary in well managed services can only be achieved by local direction of all the components, rather than suspicion, conflict and competition. It is for this reason that the Council strongly recommended the establishment of Regional Assessment and Placement Committees in its response to the Committee on Long-Term Care (May 1988, page 6) rather than an optional component. We further believe that Health Unit districts should form the regional boundaries of those proposed committees and that lodges should be incorporated into the SPE system. Regionalization and the creation of community-based Placement Committees would increase service efficiency, facilitate program development and integration, and stop duplication in a system that favours high cost institutionalization of the elderly. It would also allow the development of a continuum of care that is encompassed in the Proposal for Long-Term Care (1989).

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5 Canadian Medical Association. Health Care for the Elderly: Today's Challenges: Tomorrow's Options, 1987.

APPENDIX

Brief to the Ministerial Health Policy Advisory Committee concerning the Alberta Family Life and Drug Abuse Foundation

1989 Report
Provincial Senior
Citizens Advisory Council

The Council's statement to the Ministerial Health Policy Advisory Committee concerning the Alberta Family Life and Drug Abuse Foundation discusses areas of concern related to seniors, drug and alcohol abuse and family life and contains specific recommendations.

SUMMARY OF RECOMMENDATIONS

Drug Use and Abuse

- that research into improving communication and understanding must be a priority in arresting excessive drug use and misuse by the elderly.
- that pharmacists could play a more important role in drug management.
- that a government-sponsored program of drug information be aimed specifically at the elderly and their families.
- that the management of drugs in institutions be reviewed to include a greater element of education of patients and their families.

Drugs: Frequency of Use

- that all health care professionals receive more education on drug actions in the elderly and the effect of this on patient care.

Over-the-Counter Drugs

- that research be undertaken to determine the extent of over-the-counter drugs used by the elderly and strategies be developed to control their use and educate the public on the dangers of this form of medication.

Substance Abuse/Alcohol

- that seniors be trained as peer counsellors in collaboration with Alcoholics Anonymous and government agencies.
- that there is a need to develop programs that focus on the identification of adverse drug and alcohol effects on the elderly.

Drug Metabolism and Aging

- that more research be undertaken in the area of pharmokinetics and the pharmodynamics of drugs in the elderly. One major problem is that most drugs are tested and developed using young, healthy, fit subjects.

Education

Highlight: "Education about drug use and dangers should not be restricted only to health care professionals but also made available to informal caregivers and, of course, to the elderly."

- that education of physicians in the basic principles of therapeutics in the elderly be an essential part of undergraduate training and continuing education, particularly for family physicians;

- that physicians should not be granted bed admission rights to long term care facilities until they have attended a course on drugs and the elderly. The government, with the Alberta Medical Association, should introduce these courses as a matter or priority;

- that a careful drug history and the treatment of disease, rather than symptoms, are important;

- that smaller doses and a simple, direct drug regimen reassessed at short intervals are necessary components of successful drug management in the elderly;

- that the physician and the pharmacist have important roles in the education of the public (young and old) in the proper use of drugs.

Drug Packaging and Labelling

- that the design and labelling of packages take account of the physical limitations that affect the elderly.

Medicine and the Drug Industry

- that the relationship between the drug industry and medical education be reviewed and carefully monitored.

Other Issues

- that the effect of retirement, losses associated with aging, social isolation and the overall role of the elderly in society be studied in relation to alcohol and drug use and abuse.

APPENDIX

Summary of Issues from the Two Community Forums on Women and Aging

1989 Report
Provincial Senior
Citizens Advisory Council

SUMMARY OF ISSUES FROM THE TWO COMMUNITY FORUMS ON WOMEN AND AGING

These forums were co-sponsored by the Provincial Seniors Citizens Advisory Council, the Alberta Advisory Council on Women's Issues, and the Alberta Association on Gerontology. Their purpose was to promote dialogue on issues affecting older women.

The Edmonton forum was held September 29 (evening) and 30, 1989 at the Fantasyland Hotel and 119 persons attended. The forum in Lethbridge was held at the El Rancho Motor Hotel on October 20 (evening) and 21, 1989 with 107 persons present. Almost all of those attending were women, many of them younger women.

A major underlying theme in the discussions at both forums was the need for women to develop self-esteem and confidence in their own worth and ability, beginning early in life. This, it was stressed, would help future generations of women avoid the negative situations which currently affect some senior women.

While these forums were directed toward issues affecting women now in their later years, it became evident that these discussions were very relevant for younger women. They believe they need to take action now to ensure security and well being in their later years.

From a younger woman participant:

> "Basically, I thought of this conference as an obligation for school - it was almost a joke - but later I realized this issue does pertain to all of us. I agree with the statement that 'we all start aging at birth.' Now I wish I had brought my parents and more peers to this conference to give a higher awareness to people on this important subject."

Issues and concerns raised in group discussions

Health

1. There is an overuse of medications, partly by people themselves, partly through over-prescription by medical practitioners. Pharmacists need to be more involved, and computers could be used more effectively to avoid problems. More education is needed about the drug caution code.

2. There is a need to set priorities for health care funding:

   - Health promotion vs. care of illness; we need to promote self-responsibility for health care. It was suggested that hospitals have a health promotion program, and/or there could be community health centres. Such programs could offer cancer screening, blood pressure clinics, nutrition information, counselling about lifestyle changes, exercise, medications, as well as counselling on grief and loss, chronic illness,

widowhood, finances, family dynamics, and death and dying.

- home care vs. high tech care; what is the quality of life for someone on home care? What is the quality of life for someone after a transplant?

3. There is a need to develop more "at risk" registries (a program whereby health units find and stay in touch with older people who are recently bereaved, who have mobility problems or who are very elderly and live alone, etc.).

4. Home care should be funded at a high level and support be given to caregivers. There should be improvement in home care's quality and quantity. The regulation should be changed to enable people under 65 to obtain support services only. We must ensure home care reaches isolated rural seniors.

5. There should be a greater emphasis on rehabilitation in all services such as home care, institutions and hospitals.

6. We need to set priorities in health research.

7. We need the single point of entry to prevent over-institutionalization of the elderly.

8. Nursing homes must have private rooms; a question was raised about the privatization of nursing homes - is the care given influenced by the profit motive?

9. Women need to become more knowledgeable and assertive with their physicians to ensure that they (the women) understand any treatments, and also to ensure that their physicians hear their concerns.

Housing

1. There is a need for some seniors' apartment housing with services such as food services and 24-hour on call help; could some existing apartments be changed to provide these?

2. Zoning regulations should be changed, where necessary, to make it possible to develop apartments in single family homes; this should be considered as a desirable alternative in housing for seniors. Choice in housing is vital.

3. Seniors should be included in the planning and design of housing for seniors.

4. Concern was expressed about the situation in some lodges: the resident managers are sometimes too regimented; the training of staff should be mandatory.

Communication

1. Public awareness of services for seniors needs improvement; both a central information number and local information numbers need to be advertised.

2. Notification of the Guaranteed Income Supplement Program should be provided in different languages.

3. Women need more information about pension rights, marriage contracts and issues related to guardianship and trusteeship, wills and estates.

Note from Seniors Advisory Council: The need for a central information service on benefits/services for seniors was raised by several participants. It should be noted that the toll free number became available April 1, 1989. The Seniors Advisory Council is aware of the need to publicize this service. The number is 1-800-642-3853.

Income and Retirement Policy

1. Pension Reform

   - There should be pension benefit coverage for permanent part-time workers.

   - There are many women without employment-related pensions, for example, farm wives.

2. Income Support

   Widows' Pension Programs discriminate against single and divorced people and need to be changed.

3. Inequity in pay between men and women results in the poverty of women in old age. There is a need to ensure that men, who are the major decision-makers, become aware of this issue.

4. There is a need for women of all ages to develop financial awareness, understand financial planning and take responsibility. Individuals should be encouraged to assume financial responsibility for themselves - not to rely on Government.

5. Each married woman should know her husband's financial status and be able to conduct the family finances.

   Note from the Seniors Advisory Council: Several participants expressed concern about retraining and the provision of opportunities for entry or re-entry into the work force for women over age 45, as well as the availability of loans. The Council wishes to point out that programs are available, but there appears to be a lack of communication and dissemination of this information. This will be brought to the attention of the appropriate bodies.

Volunteers

1. We should encourage volunteers to do outreach work.

2. Support groups should be formed around special needs.

3. Government should provide funding and/or tax credits to assist volunteers with expenses and also provide assistance with direction and recognition. (Volunteers need continued appreciation and encouragement).

4. The concept of seniors helping seniors, for example, exchanging skills and services, should be encouraged.

5. We should develop the "neighbourhood watch" concept - more networking important.

Education

1. Seniors should be involved in the educational system; their past experience is valuable.

2. There should be an encouragement and fostering of dialogue among people of all ages, beginning at an early age - encourage interaction among various age groups and professions.

3. Schools should emphasize more that women have lifestyle and career choices - education and information can empower women by helping them to develop strong and positive attitudes about themselves.

4. Assertiveness training for women of all ages was seen as important.

5. There is a need to change beliefs about the respective roles of men and women in our society. Roles are changing, and this needs to be supported as well as independent thinking encouraged.

6. People should develop an awareness at an early age that each individual is responsible for his or her life. This is especially important for women who have sometimes assumed that a marriage ensures that someone else will "take care of them."

7. Financial planning, including the need to save for retirement, should be included in educational programs at an early age, for example, at the high school level.

8. There should be more bursaries for people of all disciplines to undertake studies related to aging.

9. There should be gerontological content in the education of health professionals and it should be mandatory for nurses and physicians.

Other Issues

1. Municipal governments and local communities should be more involved in the development of programs/services for seniors.

2. Programs should be developed at the local level to ensure they are meeting a real need; government should provide funding for this.

3. Special interest groups monitoring negative media portrayals of women and aging should be supported.

4. Some excellent programs have been started on temporary funding and discontinued because of a lack of permanent funding, leaving seniors feeling devastated. We need to ensure continuity of funding for worthwhile projects. The Seniors Advisory Council believes that, to ensure ongoing funding, short-term projects should be evaluated to determine their effectiveness. It should also be noted that funding is usually given on temporary basis; this should be regarded as seed money to move worthwhile projects toward a self-funding basis.

5. Consideration could be given to employing recipients of social allowance to assist seniors in need of help with daily tasks.

6. There is a need to help single mothers, managing at the poverty level, build their self-esteem. Community support programs, with the help of older women, could assist with this. This is important for it will affect how these young women age - affect their senior years.